SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. MILHER CARTER or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? Article Addressed to: If YES, enter delivery address below: □ No MY 1 8 202 MARK CARTER MMG MINING 3655 LUPIN WAY 3. Service Type ST GEORGE UT 84790 Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered Insured Mail □ C.O.D. 5-8-12 5/025/0012 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 0003 0191 8830 7004 7.7.60 (Transfer from service lab. PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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MARK CARTER

MMG MINING

3655 LUPIN WAY

ST GEORGE UT 84790

PS Form 3800, June 2002

Restricted Delivery Fee (Endorsement Required)

See Boverse for Instructions